

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08-02-2010

Address: S. COWAN ST & 6TH AVE

Case #: 22F46107

GARRETT, IN.

County: DEKALB

46738

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☒ Vehicle
☐ Hotel/Motel
☐ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): CAR
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: CAR
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): CAR
☒ Corrosive Acid: CAR
☒ Corrosive Base: CAR
☒ Other (item and location): AMMONIA NITRATE/ CAR

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: GARRETT PD

This report is to be faxed to the following agencies that serve the location:

Fire Department: GARRETT FD

Fax: E-MAILED

Health Department: DEKALB CO

Fax: E-MIALED

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: ANDREW SMITH Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8/2/2010

Address: RAILROAD BED NEAR

Case #: 24F31739

1 BLAZER BLVD.

County: ELKHART

INDIANA

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): open air
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: OPEN AIR
☒ Water Reactive Metal (Lithium): open air
☒ Anhydrous Ammonia: open air
☒ Hydrochloric Acid Gas Generator(s): open air
☒ Corrosive Acid: open air
☒ Corrosive Base: open air
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: LE

This report is to be faxed to the following agencies that serve the location:

Fire Department: ELKHART FD

Fax: 574-293-8931

Health Department: ELKHART CO.

Fax: (574) 295-6186

Child Protection Service: n/a

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Tpr. Jeff Wampler Phone 574-546-4900

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.